

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56	/		
7		/					57	/		
8		/					58	/		
9		/					59	/		
10	/						60	/		
11		/					61	/		
12		/					62	/		
13		/					63	/		
14		/					64	/		
15		/					65	/		
16		/					66	/		
17		/					67	/		
18		/					68			
19		/					69			
20		/					70			
21	/						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27	/						77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33	/						83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40	/						90			
41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.	9						TOTAL IND.			
TOTAL DEP.	58	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	67						TOTAL CLAIMS			

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/755,657	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	6					
TOTAL DEP.	44					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

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